

Name  
in  
Full

Mrs Lula J. Alexander

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Hagwoodtown County Wash.  
Died at 26 Month Nov Day 5 Years 24 Months 5 Days 8  
Date of death 1909 Age 24 Birth-place Mid.  
Sex Female Color or Race white  
Occupation N. W. Where Residing if not at place of death  
Married, Single or Widowed married Name of Husband Charles R. Alexander.  
Father's Name Benj. Brown Father's Birthplace Mid.  
Mother's Maiden Name Not Known Mother's Birthplace Mid.  
Name of person giving Information Chas. R. Alexander How related to deceased Husband.

CAUSES OF DEATH

Primary

Epilepsy

How long

6 weeks

Immediate

"

How long

6 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Chas R. Boyle

PHYSICIAN  
OR CORONER

Accident or Suicide

L.M. Sutler and Son

Name  
in  
Full

Charles W. Bair <sup>stillborn</sup> <sub>2</sub>

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Hagerstown County Washington  
Town Month Day Years Months Days

Date  
of death 1909

11

12

Years

Months

Days

Sex Male

Color or  
Race

White

Birth-  
place

Md

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Charles W. Bair

Father's  
Birthplace

Md

Mother's  
Maiden Name

Samuel L. Smith

Mother's  
Birthplace

Md

Name of person giving  
Information

Charles W. Bair

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Premature Birth

8  
How long

✓  
How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

✓

Signature of  
Physician

Address

E. G. Marshall  
Hagerstown, Md

Accident or Suicide

PHYSICIAN  
OR CORONER

J. M. Watkins

Name  
in  
Full

Guy E. Becker

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at

Hagerstown

Town

County

Wash.

Date

Month

Day

of death 190

9

11 12

Years

Age

20

Months

6

Days

4

Sex

male

Color or  
Race

white

Birth-  
place

Md.

Occupation

Merchant

Where Residing if not  
at place of death

Married, Single  
or Widowed

single

Name of Wife or  
Husband

Father's  
Name

Frank E. Becker

Father's  
Birthplace

Md

Mother's  
Maiden Name

Annie Keadle

Mother's  
Birthplace

Name of person giving  
Information

F. E. Becker

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Pistol wound

Immediate

Found dead in bed

several hours

Are the name, age, sex, color, date  
and place correctly given above?

YES

Signature of  
Physician

Address

O.H.W. Page Jr.,  
Neagystown Md.



~~suicide~~ Suicide

159

How long

L.M. Sutter & Son

Name  
in  
Full

George Luther Bonbrake

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Lagers Inn

Washington

Town

County

Date of death 1909 Month 11 Day 11

Years 63 Months 2

Days 9

Sex Male

Color or  
Race

Age 63

Birth-  
place

Occupation

Retired

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Samtha J. Heffner

Father's  
Name

Danill

Bonbrake

Father's  
Birthplace

Pa

Mother's  
Maiden Name

Rebecca

Overcash

Mother's  
Birthplace

Pa

Name of person giving  
Information

Mrs Bonbrake

How related  
to deceased

Wif

CAUSES OF DEATH

Primary

Valvular Heart trouble

79

How long

years

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

you

Signature of  
Physician

Address

E G Wankam  
bag nsioms  
no

Accident or Suicide

PHYSICIAN  
OR CORONER

J. M. Mathews

Name  
in  
Full

John A Cole

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1909	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	Age	41	10	14	
Occupation	Farmer	Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Wife or Husband	at place of death Gertrude Sumpower				
Father's Name	Henry Cole	Father's Birthplace					
Mother's Maiden Name	Nancy Suffacool	Pa					
Name of person giving information	Wife	Mother's Birthplace					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pyphos-d Fever

1

How long

two weeks

Immediate

Intestinal Hemorrhage

How long

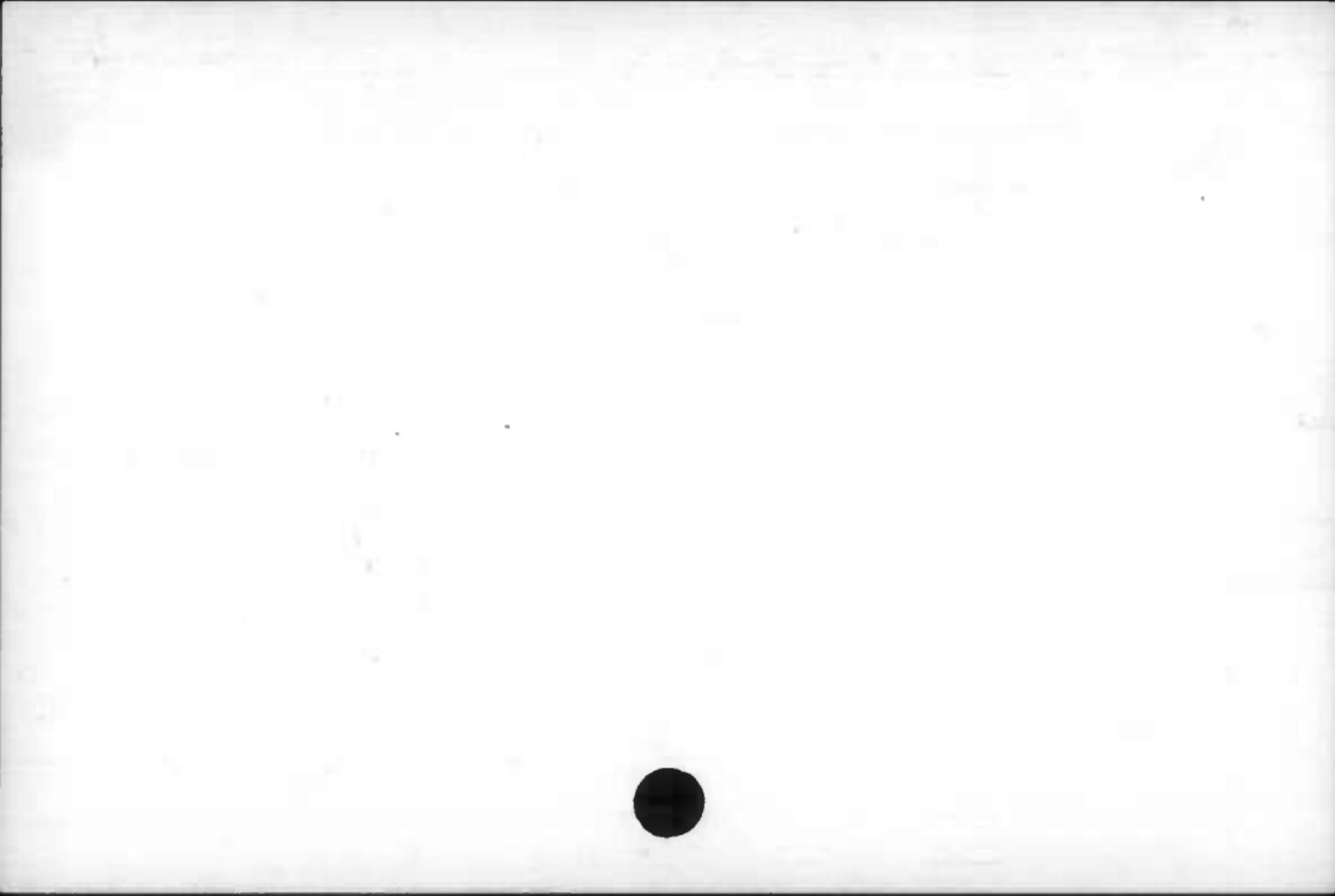
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

J. D. Perry

Address  
Heartspring  
Md.

Accident or Suicide



Name  
in  
Full

David Charles Copes

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1909 Nov	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White	Age		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Charles Hamilton Copes					Father's Birthplace
Mother's Maiden Name	Corra Virginia Shuflet					Mother's Birthplace
Name of person giving Information	C. A. Copes					How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Malnutrition

151

How long

Two days

Immediate

Exhaustion

How long

Few hours.

Are the name, age, sex, color, date and place correctly given above?

ye.

Signature of Physician

W. S. Richardson

Address

Williamsport Md.

Accident or Suicide

No.

Nov. 11<sup>th</sup> 1909

J. F. Kelly

Mundtaker

Winnipeg Ma

Interest in Review Committee



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Harry E Corderman

Town County  
Died at Hagerstown Wash.  
Month Day Years Months Days  
Date of death 1909 11 24 Age — 7 14  
Sex male Color or Birthplace  
Occupation white — Mt.  
Where Residing if not at place of death

Married, Single  
or Widowed

single

Name of Wife or  
Husband

— X — X —

Father's  
Birthplace

Mid.

Father's  
Name

Oscar M. Corderman

Mother's  
Maiden Name

Bessie Eader

Mother's  
Birthplace

Name of person giving  
Information

Male Corderman

How related  
to deceased

Father.

CAUSES OF DEATH

Primary

Broncho pneumonia & tubercles

92

How long

week

Immediate

Exhaustion —

How long

3 weeks

Are the name, age, sex, color, date  
and place correctly given above?

Yes —

Signature of  
Physician

Address

H. P. Weston Miller  
Hagerstown, Md.

PHYSICIAN  
OR CORONER

Accident or Suicide

no

L.M. Sutler & Son

Name  
in  
Full

Frank L. Cramer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Hagerstown Town Washington County  
Date of death 1909 Month 11 Day 30 Age 35 Years  
Sex male Color or Race white Birth-place Md.  
Occupation clerk

Married, Single or Widowed married Name of Wife or Husband Edna Cramer

Father's Name Lewis King  
Mother's Maiden Name Not Known

Name of person giving Information Daniel Cramer

Father's Birthplace Md  
Mother's Birthplace Not Known  
How related to deceased foster-father

CAUSES OF DEATH

Primary Tuberculosis  
Immediate Exhau

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician  
Address

27

How long

3 months

How long

3 days

H. H. Dent  
Hagerstown  
Md.

PHYSICIAN  
OR CORONER

Accident or Suicide

L. M. Suter & Son

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

<b>Sarah G. Cushing</b>					<b>CERTIFICATE OF DEATH</b>		
Died at		Town	County		MARYLAND		
Date of death	1909	Month Nov	Day 22	Years 54	Months	Days	
Sex	Female	Color or Race	Where Residing if not at place of death		Birthplace		
Occupation	House keeper		Married		E. W. Cushing		
Married, Single or Widowed	Married		Name of Wife or Husband		Father's Birthplace		
Father's Name	Collett		Unknown		Mother's Birthplace		
Mother's Maiden Name	Unknown		E. W. Cushing		How related to deceased		
Name of person giving Information	E. W. Cushing				120		
CAUSES OF DEATH							
Primary	Bright's Disease				How long		
Immediate	Uterine Convulsion				3 yrs		
Are the name, age, sex, color, date and place correctly given above?			Yes	Signature of Physician	8 hours		
				Address	6 W. McLaughlin		
					6 W. Greenacres Pa		
Accident or Suicide?							

H. S. Detrich

Name  
in  
Full

Bill Brown

Drew

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Hagerstown</u>		County <u>Washington</u>	MARYLAND	
Date of death <u>1909 Nov. 9</u>	Month <u>Nov.</u>	Day <u>9</u>	Years	Months
Sex <u>Male</u>	Color or Race <u>Colored</u>	Age <u>4</u>	Birth-place <u>Hagerstown</u>	Days
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name <u>Charles B. Drew</u>	Father's Birthplace <u>Hagerstown</u>			
Mother's Maiden Name <u>Norma E. Jackson</u>	Mother's Birthplace <u>Williamsport</u>			
Name of person giving Information <u>Charles B. Drew</u>	How related to deceased <u>Father</u>			

CAUSES OF DEATH

Primary

Primalnately

Immediate

Failure Respiration

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

R. H. Wilson  
Hagerstown

Accident or Suicide

no

8

How long

1 mo

How long

1 hour

med.

Half-Way

---

K. Laffman

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



CERTIFICATE OF DEATH

John W. Eckar  
Keadyville Town Washington County State  
Died at Month Day Age Years Months Days  
Date of death 1909 11 10 72 3 5  
Sex Male Color or Race White Birth-place Washington Co  
Occupation Carpenter Where Residing if not at place of death  
Married, Single Name of Wife or Husband  
Father's Name John Eckar Father's Birthplace Fred Co  
Mother's Maiden Name Miss Busar Mother's Birthplace Doubt/Know  
Name of person giving Information Grant - Maryland How related to deceased  
Nephew

CAUSES OF DEATH

Primary

Heart of Stomach

Immediate

Pyelitis Obstruction

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

Richard H. Rice M.D.  
Keadyville  
Md

Accident or Suicide

103

How long

2 years

How long

2 months

L E Suman & Son

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Teatharine M Egan  
Town Hagerstown County Washington

MARYLAND

Died at Hagerstown Date of death 1909 Month 11 Day 9 Age 65 Years Months - Days -

Sex Female Color or Race White Birth-place W Va  
Occupation House work Where Residing if not at place of death

Married, Single or Widowed Widow Name of Wife or Husband P. J. Egan

Father's Name Christopher Montague Father's Birthplace Ireland

Mother's Maiden Name Catharine O' Melice Mother's Birthplace Ireland

Name of person giving Information Lella E. Long How related to deceased Daughter

Primary

Deaths  
Gangrene

CAUSES OF DEATH

50

How long

Some weeks  
Same weeks

Immediate

Commenced on great toe of right foot, involving gradually the limb to the knee.

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John D. Doyle

PHYSICIAN  
OR CORONER

Accident or Suicide

1909

Mr. Loffman.

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mrs Rose Pierce Elliott  
Town Bayens Town County Wash.  
Died at Month Day  
Date of death 1906 11 3 Age 29  
Sex female Color or Race white  
Occupation H. W. Birthplace W. Va

Married, Single or Widowed married Name of Husband John Elliott

Father's Name Mrs. J. Pierce

Mother's Maiden Name Rick Ridwell

Name of person giving Information Mr. J. J. Pierce

Father's Birthplace Penns.

Mother's Birthplace W. Va

How related to deceased Father

CAUSES OF DEATH

Primary Pulmonary and Demyelinated Tuberculosis  
How long One year

Immediate Exhaustion  
How long Three

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Mr. W. W. Stegeman - M.

Accident or Suicide

CERTIFICATE OF DEATH

MARYLAND

Days

27

L.M. Sutler + Son

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Elsie A. Eyles

CERTIFICATE OF DEATH

MARYLAND

Diad at

Town

County

Date  
of death

Month

Day

Years

Months

Days

190

11

20

Age 27

Sex  
Occupation

Color or  
Race

White

Birth-  
place

Md

Housework

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Wm H. Eyles

Father's  
Name

Jacob L. Easby

Father's  
Birthplace

Md

Mother's  
Maiden Name

Mary H. D. Operow

Mother's  
Birthplace

Name of person giving  
Information

Jacob L. Easby

How related  
to deceased

Daughter

CAUSES OF DEATH

132

Primary

Uterine Infection (Salpingitis) How long 3 wks

Immediate

Septicemia

How long

occurred

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

J. W. West -  
St. Agustine

Developed peritonitis two days

Accident or Suicide previous to death.

L.M. Watkins

Name  
in  
Full

Annie Elizabeth Freigley Wash.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Hagerstown  
Town  
Date of death 1909 Month 11 Day 14 Age \_\_\_\_\_  
Sex Female Color or Race white Birth-place Md.  
Occupation \_\_\_\_\_  
Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed single Name of Wife or Husband \_\_\_\_\_

Father's Name J. F. Freigley

Mother's Maiden Name Mary E. O'Connell

Name of person giving Information J. F. Freigley

Father's Birthplace Md.

Mother's Birthplace W. Va.

How related to deceased Father.

CAUSES OF DEATH

151

Primary

Impersonation

How long

Two Weeks

Immediate

Spasmodic

How long

10. min

Are the name, age, sex, color, date and place correctly given above?

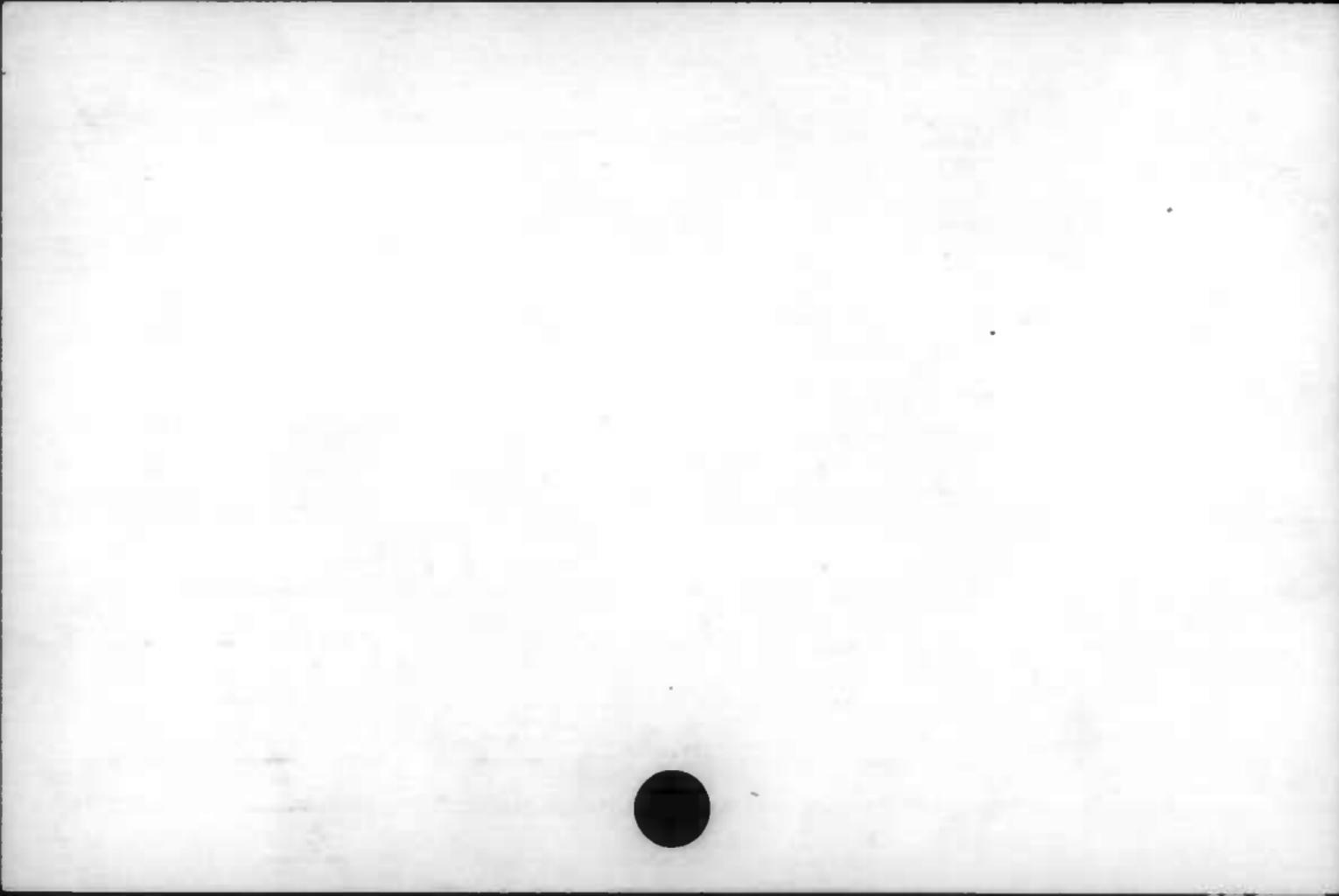
Signature of Physician

Address

J. E. Pittscoff, M.D.  
Hagerstown  
Md.

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Ramon Galliano

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Hagers town Town Wash. County  
Date of death 1909 Month 200 Day 28 Age 26 Years  
Months — Days —

Sex male Color or  
Race

white

Birth-  
place Manganillo Cuba

Occupation

Student

Where Residing if not  
at place of death

Married, Single  
or Widowed

single

Name of Wife or  
Husband

Father's  
Name

Not Known

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

" "

Mother's  
Birthplace

Unknown

Name of person giving  
Information

Max Odum

How related  
to deceased

none

Canned meat (said to be Salmon)

CAUSES OF DEATH

Primary

Porraine poison

175

✓

How long

30 hours.

Immediate

Heart Failure

How long

one hour

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

D. S. Herman  
Hagerstown  
Md.

PHYSICIAN  
OR CORONER

Accident or Suicide

L.M. Suterr<sup>g</sup> Son

Name  
in  
Full

Paul Elmer Hammard

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died <u>man</u>	Town <u>Kentville</u>	County <u>Washington</u>	MARYLAND		
Date of death <u>1909</u>	Month <u>11</u>	Day <u>25</u>	Years <u>—</u>	Months <u>1</u>	Days <u>16</u>
Sex <u>male</u>	Color or Race <u>white</u>	Birthplace <u>Wash D.C. Fed</u>			
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>W. H. Hammard</u>	Father's Birthplace <u>Wash D.C. Fed</u>				
Mother's Maiden Name <u>Anna Bush Brown</u>	Mother's Birthplace <u>Wash D.C. Fed</u>				
Name of person giving information <u>W. H. Hammard</u>	How related to deceased <u>Grand Father</u>				

CAUSES OF DEATH

90

PHYSICIAN  
OR CORONER

Primary

Acute Capillary Bronchitis

How long

about 48 hours

Immediate

— — — —

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

S. H. Gardner

Address

Washington D.C.

Accident or Suicide?



Name  
in  
Full

Eliza Hines

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1909	Month 11	Day 11	Years 95	Month 4	Day 2
Sex	Female	Color or Race	Age, 95		Birth-place	M.d.
Occupation	Where Residing if not at place of death					Samuel Hines
Married, Single or Widowed	Widowed	Name of Wife or Husband	Unknown			
Father's Name	Unknown					Father's Birthplace M.d.
Mother's Maiden Name	Catharine Morris					Mother's Birthplace M.d.
Name of person giving Information	Edward M. Hines					How related to deceased Grandson

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

General Debility

Immediate

154

Are the name, age, sex, color, date  
and place correctly given above?

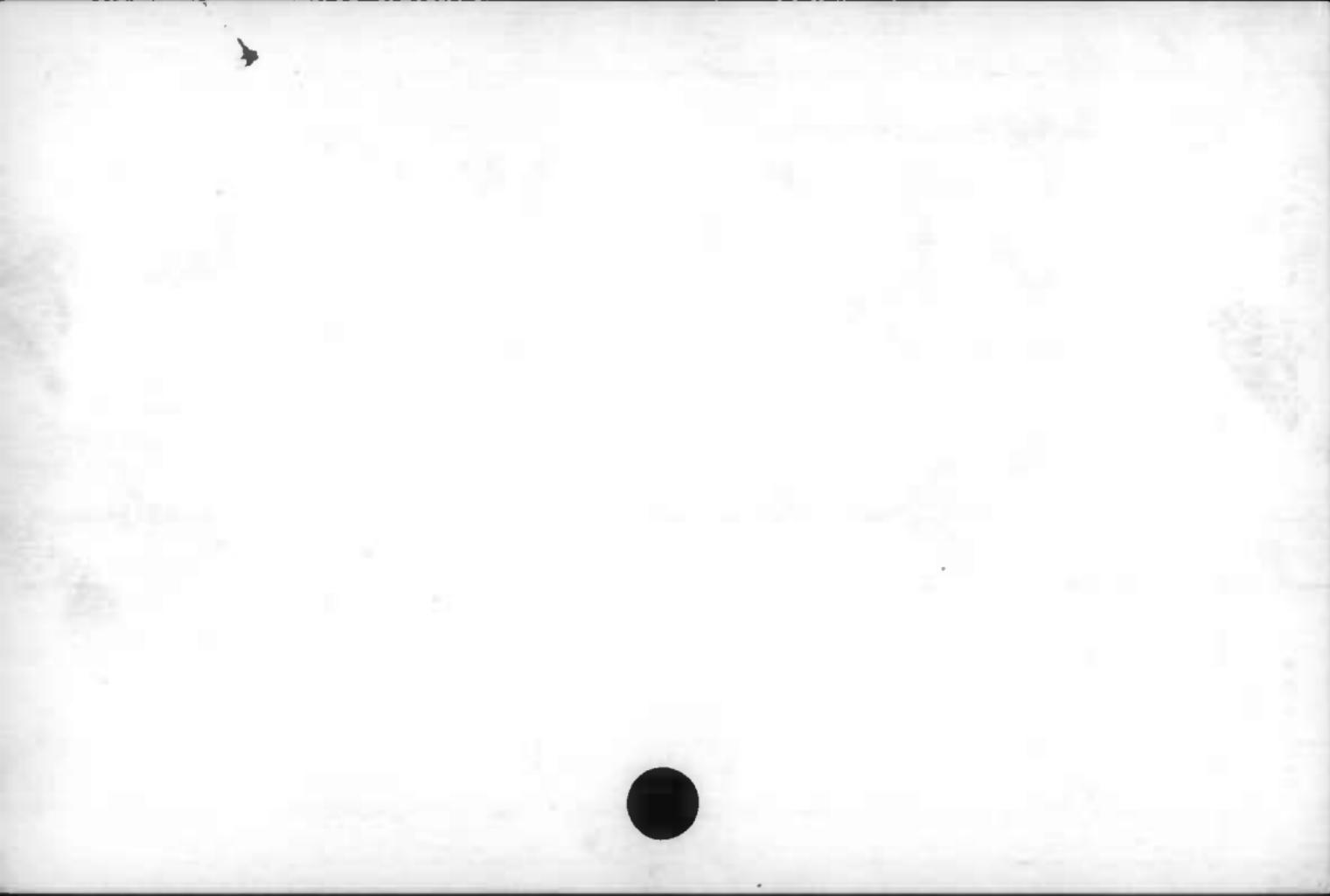
Yes

Signature of  
Physician

Address

J. T. Younce  
Brownsville  
Md

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mrs Mabel J. Hoose

CERTIFICATE OF DEATH

MARYLAND

Died at Hagerstown Town Wash. County

Date of death 1904 Month Day Age Years Months Days

Sex Female Color or Race white Birth-place Hagerstown

Occupation H. W. Where Residing if not at place of death

Married, Single or Widowed married Name of Wife or Husband J. Roy Hoose

Father's Name Wm W. Smith Father's Birthplace Md.

Mother's Maiden Name Fannie R. Boward Mother's Birthplace "

Name of person giving Information Roy Hoose How related to deceased Husband

CAUSES OF DEATH

Primary

Pneumonia

93

How long

3 weeks

Immediate

Heart Failure

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of  
Physician

Address

E. M. Schindel, M.D.  
Hagerstown, Md.

Accident or Suicide

L.M. Suter Egg Son

No Name -

Hausp.

CERTIFICATE OF DEATH

Town

County

Died at Boonsboro

Wash.

MARYLAND

Date of death 1909

Month Nov

Day 19

Age

Years

still born

Months

Days

Sex Female

Color or Race

White

Birth-place

Boonsboro

Occupation

none

Where Residing if not  
at place of death

Boonsboro

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's Name

Francis Stouffer

Father's Birthplace

Wash. Co

Mother's  
Maiden Name

Julia Eastover

Mother's Birthplace

" "

Name of person giving  
Information

Francis Stouffer

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Still born

How long

Immediate

—

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

S. S. Davis  
Boonsboro  
Md

Accident or Suicide?

Brining & Bast  
undertakers

Name  
in  
Full

Amy J. Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Worerton	County	Washington		MARYLAND
Date of death	Month	Day	Age	Years	Month	Days
1909	11	2	13		2	25
Sex	Female		Color or Race	African		Birthplace
Occupation	Where Residing if not at place of death					—
Married, Single or Widowed	Single		Name of Wife or Husband	—		
Father's Name	Ernest Jackson					Father's Birthplace
Mother's Maiden Name	Effie Brackett					Mother's Birthplace
Name of person giving information	Ernest Jackson					How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Tuberculosis of Lungs

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

27

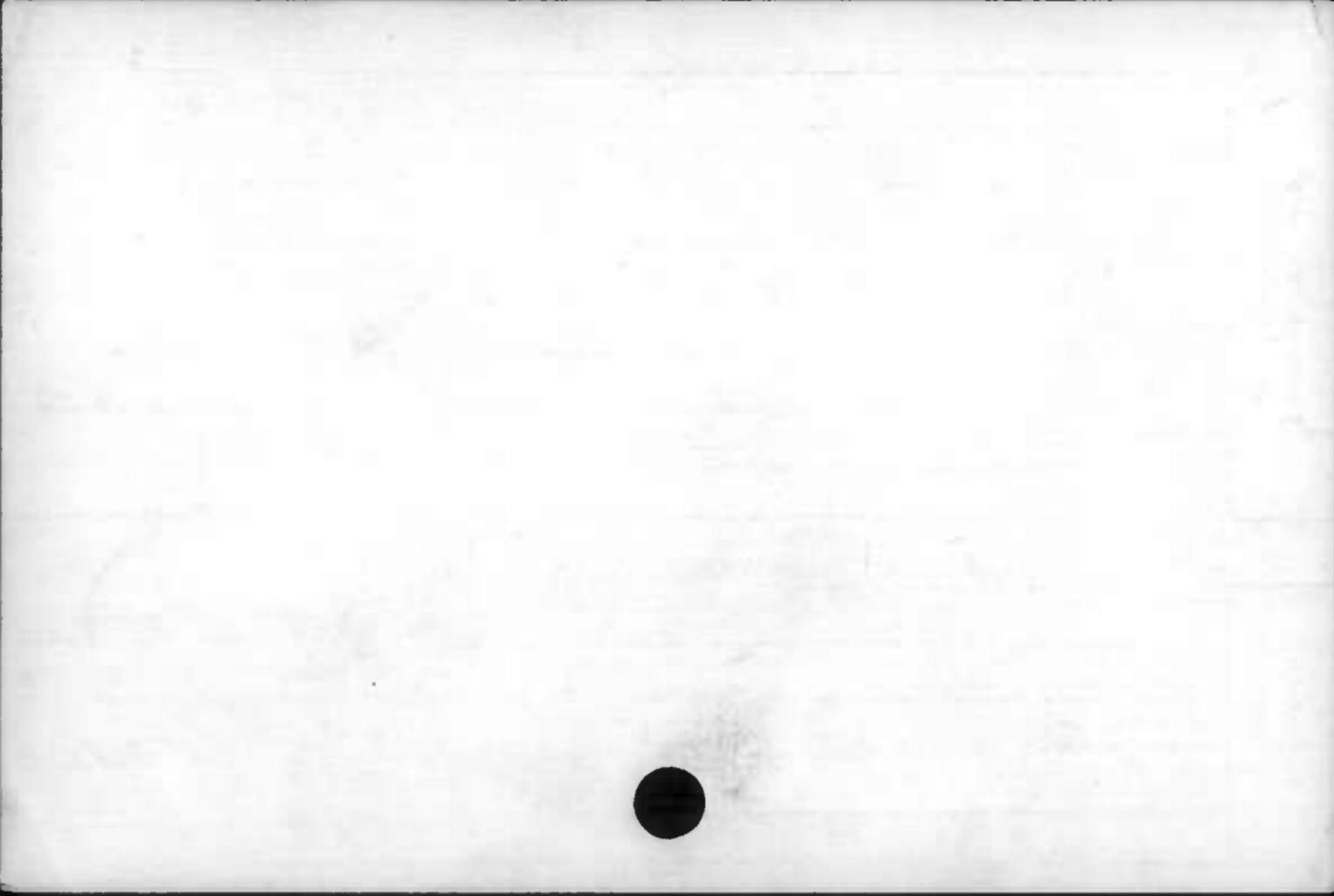
How long

How long

2 years

Accident or Suicide

J. J. Yourtee  
Brownsville  
Maryland



Name  
in  
Full

Mary Ann Jacobs

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at  
Reed

Date  
of death 1909  
Month Nov.

Day 7

Years  
Age 82

Month 9

Days 8

Sex Female

Color or  
Race

White

Birth-  
place

Occupation

Housewife

Where Residing if not  
at place of death

Md.

Married, Single  
or Widowed

Widowed

Name of Wife or  
Husband

Isaac Jacobs

Father's  
Name

John Jacobs

Father's  
Birthplace

Mother's  
Maiden Name

Elizabeth Mowery

Mother's  
Birthplace

Name of person giving  
Information

Malinda Jacobs

How related  
to deceased

Sister

CAUSES OF DEATH

154

New Jersey

Primary

Immediate

General debility

How long

6 weeks

Are the name, age, sex, color, date  
and place correctly given above?

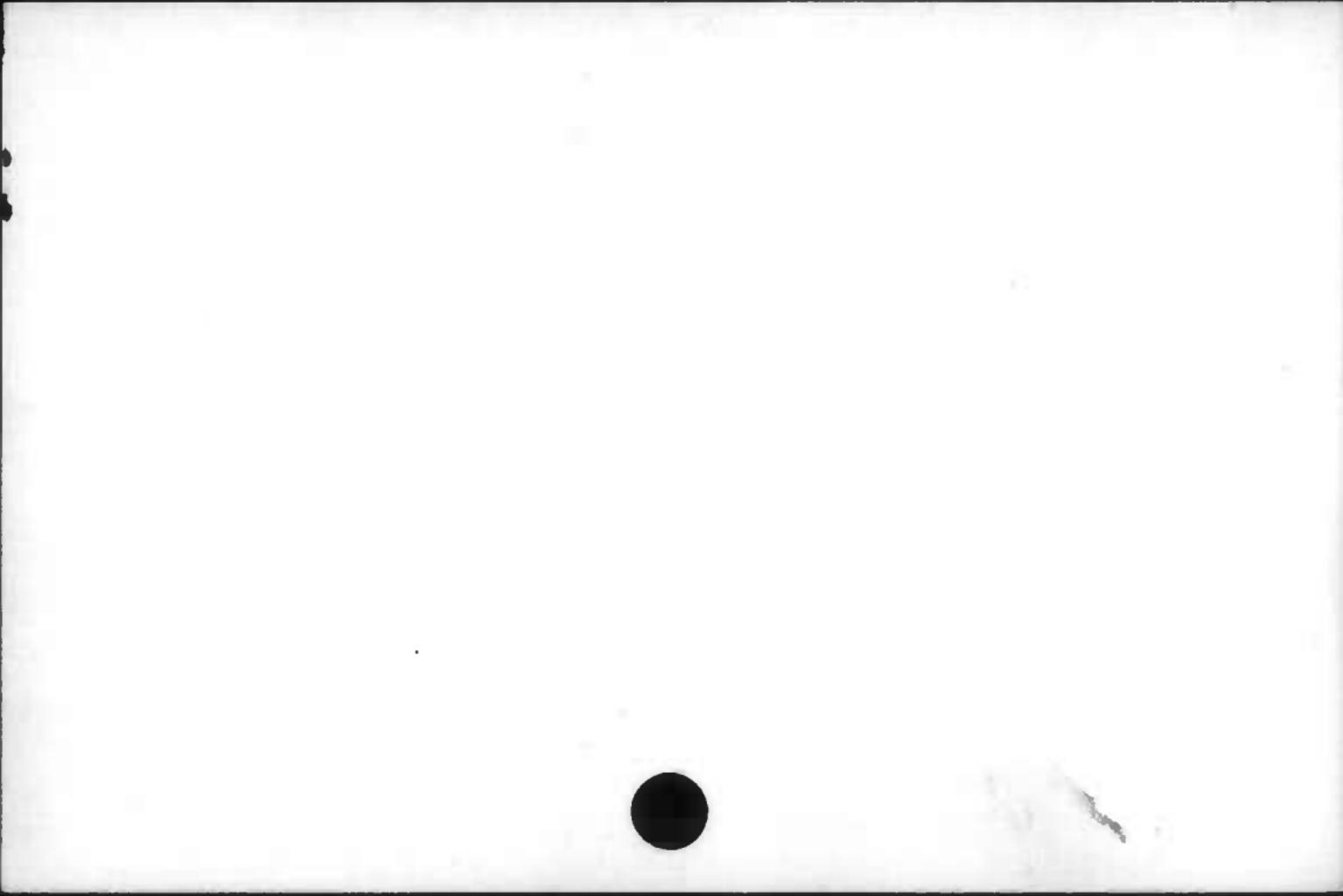
Signature of  
Physician

Address

J. H. Wishard  
Leitersburg  
Md.

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Samuel Johnston Jr.

Died at

own

Big Pool

County

wash.

Date  
of death

1909

Month

11

Day

18

Years

63

Months

8

Days

7

MARYLAND

Sex  
Occupation

male

Color or  
Race

white

Birth-  
place

Penna.

Where Residing if not  
at place of death

Married, Single  
or Widowed

married

Name of Wife  
Husband

Amabel Johnston

Father's  
Name

John Johnston

Father's  
Birthplace

Penna.

Mother's  
Maiden Name

Sarah C. Hartman

Mother's  
Birthplace

Penna.

Name of person giving  
Information

C. E. Johnston

How related  
to deceased

son

CAUSES OF DEATH

Primary

acute indigestion

How long

one hour after

Immediate

Heart failure

How long

immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

C. J. Masad,  
Clevespring -

Accident or Suicide

L.M. Suterrys Son

Name  
in  
Full

Elizabeth Goerde Keller

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
190	9 NOV	24	Age	18	
Sex	Color or Race	white	Birth-place	md.	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	J. Edgar Keller				
Mother's Maiden Name	Mary Mae				
Name of person giving information	J. Edgar Keller				

CAUSES OF DEATH

Primary

Premature Delivery

151

How long

18 days

Immediate

Delivery

How long

Are the name, age, sex, color, date and place correctly given above?

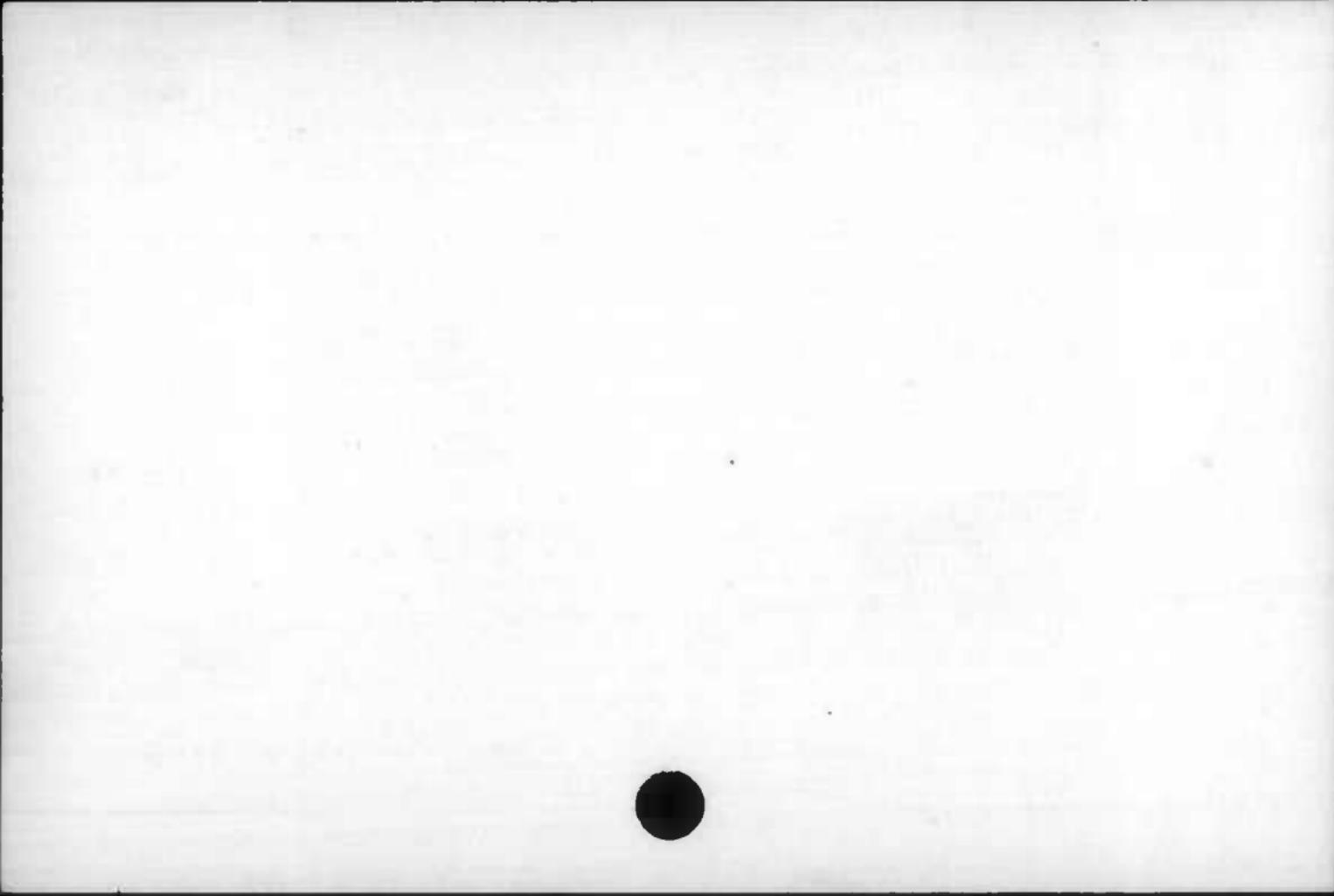
Yes

Signature of Physician

Address

B.M. Reichard  
Fair Play

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Ora Katherine Knepper  
Town Hagerstown  
Died at Month Day  
Date of death 1901 11 13 Age 1  
Sex female Color or Race white  
Occupation

CERTIFICATE OF DEATH

MARYLAND

Months 1 Days 22  
Birthplace Md.

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

single

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Florence E Smith

Mother's  
Birthplace

lather

Name of person giving  
Information

C. C. Knepper

How related  
to deceased

Primary

Broncho-pneumonia -

92

How long

5 days.

Immediate

asphyxia -

How long

24 hours.

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

John Danner Jr.  
Registration No. 1000

Accident or Suicide

no

L.M. Sutter & Son

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Florence Lecrone  
Died at Hagerstown Washington  
Town Month Day  
Date of death 1904 Oct 2  
Age 57 Years

MARYLAND

Sex Female  
Occupation Domestic

Color or  
Race

Birth-  
place

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Widow

Jacob Lecrone

Father's  
Name

Daniel Lecrone

Father's  
Birthplace

md

Mother's  
Maiden Name

Esther Middlekauff

Mother's  
Birthplace

md

Name of person giving  
Information

Nora Holland

How related  
to deceased

Daughter

CAUSES OF DEATH

Primary

Scalds. (Burns) - upsetting tea kettle

167

Oct 12<sup>th</sup> 1909

Immediate

hæmæmia & exhaustion -

Since Oct 20-

Are the name, age, sex, color, date  
and place correctly given above?

3rs.

Signature of  
Physician

Address

Peter Smullen Jr.

Hagerstown. md

PHYSICIAN  
OR CORONER

Accident Suicide

Oppenauer  
Rose Hill

A. K. Hoffman

Name  
in  
Full

Nancy Maria McLaughlin

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	Highfield			County	Washington	
Died at	Date of death	Month	Day	Age	Years	Months
	1909	Nov.	30	10		27
Sex	Female	Color or Race	White	Birth-place	Highfield Md	
Occupation	None	Where Residing if not at place of death at place of death				
Married, Single or Widowed				Name of Wife or Husband		
Father's Name	C. Herbert McLaughlin			Father's Birthplace	Fairfield Pa	
Mother's Maiden Name	Amanda Martha Smith			Mother's Birthplace	Blue Ridge Pa	
Name of person giving Information	C. L. McLaughlin			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary  
Scarlet Fever  
Immediate Nephritis and Uremia

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

C. L. Wachter

Sabillasville Md,

Accident or Suicide

7

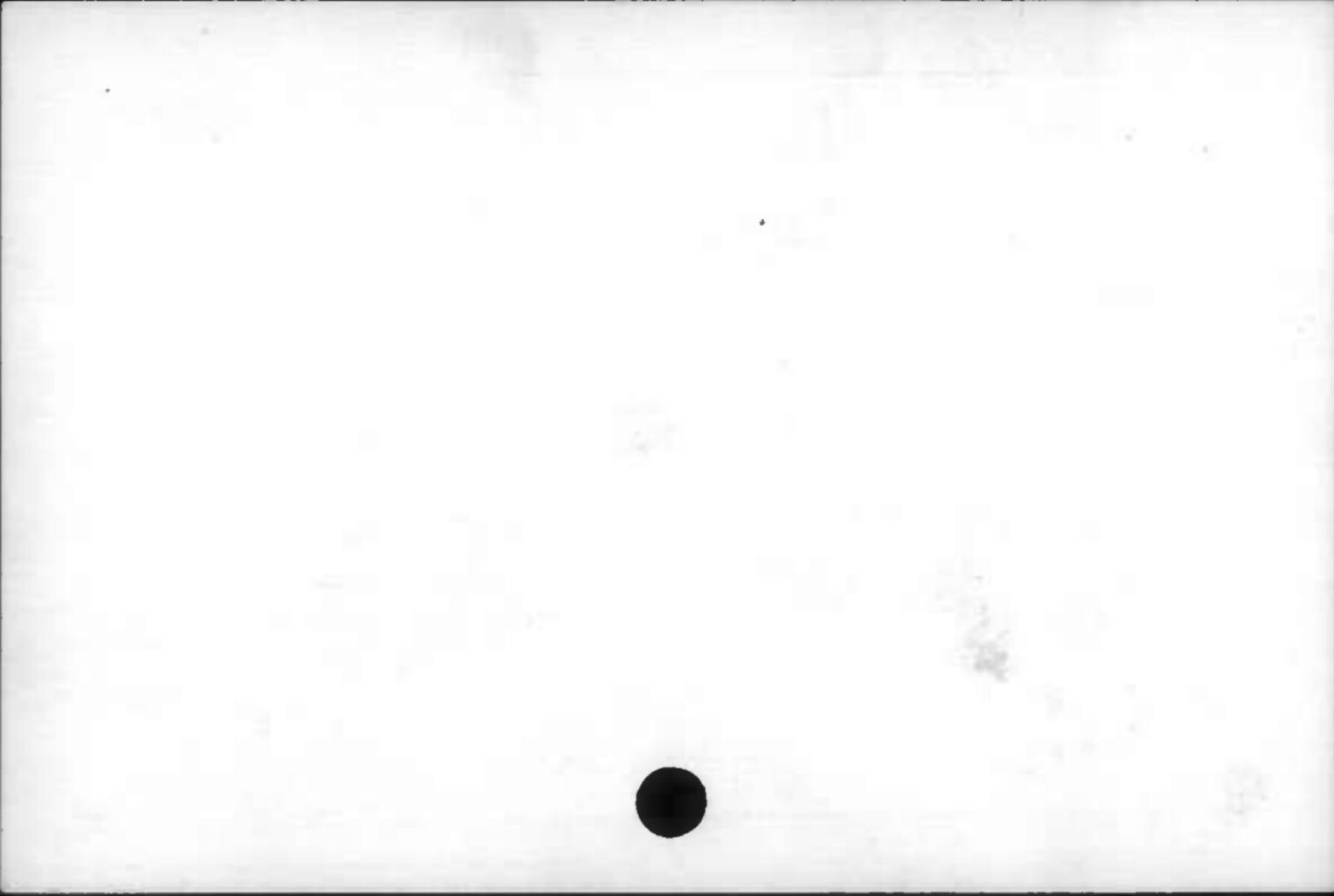
How long

25 days

How long

7

"



Name  
in  
Full

Albert Carlton Malott

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Williamport	Town	County	MARYLAND		
Date of death	1909	Month Nov	Day 10	Year 32	Month 9	Days 11
Sex	Male	Color or Race	White	Birthplace	Boonsboro, Md	
Occupation	Saloon Keeper	Where Residing if not at place of death			—	
Married, Single or Widowed	Married	Name of Wife or Husband	Georgette Song			
Father's Name	John Stall Malott	Father's Birthplace	St. James, Ma			
Mother's Maiden Name	Francis Elizabeth Rend	Mother's Birthplace	Blair, Md			
Name of person giving Information	Francis E. Rend	How related to deceased	Mother			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Fatty accumulation of heart & dropsy Three years  
How long  
Immediate Heart failure Sudden  
How long  
Are the name, age, sex, color, date and place correctly given above? Yes  
Signature of Physician Dr. Richardson  
Address Williamsport, Md

Accident or Suicide No.

79

How long

How long

Nov 12<sup>th</sup> 1909.

J. F. Tripp

Mortician

Williamsport Md

Interred in Riverview Cemetery



Name  
in  
Full

Emma M Marks

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1909	Nov.	27	71	8	24
Sex	Female	Color or Race	white	Birth-place	Howard Co
Occupation	Housewife				
Married, <del>Single</del> or Widowed	Name of Wife or Husband	Where Residing if not at place of death			
Father's Name	Charles A Marks				
Mother's Maiden Name	Howard Co				
Name of person giving information	Edward Brian				
	Rebecca Treacle				
	Charles A Marks				

CAUSES OF DEATH

47

PHYSICIAN  
OR CORONER

Primary Arthritis Rheumatism Endocarditis One year 10 mo.

How long

Immediate Influenza, Exanthem Thirty days

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

A. L. Bleeding

Baltimore

Maryland

Accident or Suicide?

No



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

John S Miller?  
Died at Paper mill  
Date of death 1909 Month 11 Day 27

Sex male

Color or Race

County Wash.

CERTIFICATE OF DEATH

MARYLAND

Months

Days

Age 4 Years

2 Months

white

Birth-place

md.

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Mother's  
Maiden Name

Name of person giving  
Information

single

James W. Miller

Ida Boring

James W. Miller

Father's  
Birthplace

Penna.

Mother's  
Birthplace

md.

How related  
to deceased

Father.

175

How long

2 hours

How long

✓

CAUSES OF DEATH

Primary

strychnine poisoning

Immediate

✓ asphyxia -

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

accident

John Miller Jr.  
Washington DC

Accident or Suicide

L.M. Sutler & Son

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Town Dowisville County Washington Days 16  
Died at Month Nov. Day 24 Years 69 Months 6  
Date of death 1909 Age 69 Birthplace Maryland  
Sex Male Color or Race White  
Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed Widow Name of Wife or Husband Annie Penwell

Father's Name John Snell

Mother's Maiden Name Maria Kendall

Name of person giving Information Mrs. James Brearley

Father's Birthplace Virginia

Mother's Birthplace Virginia

How related to deceased Daughter

40

How long

1 yr

How long

V. M. Reichard  
Fair Play.

Signature of  
Physician  
Address

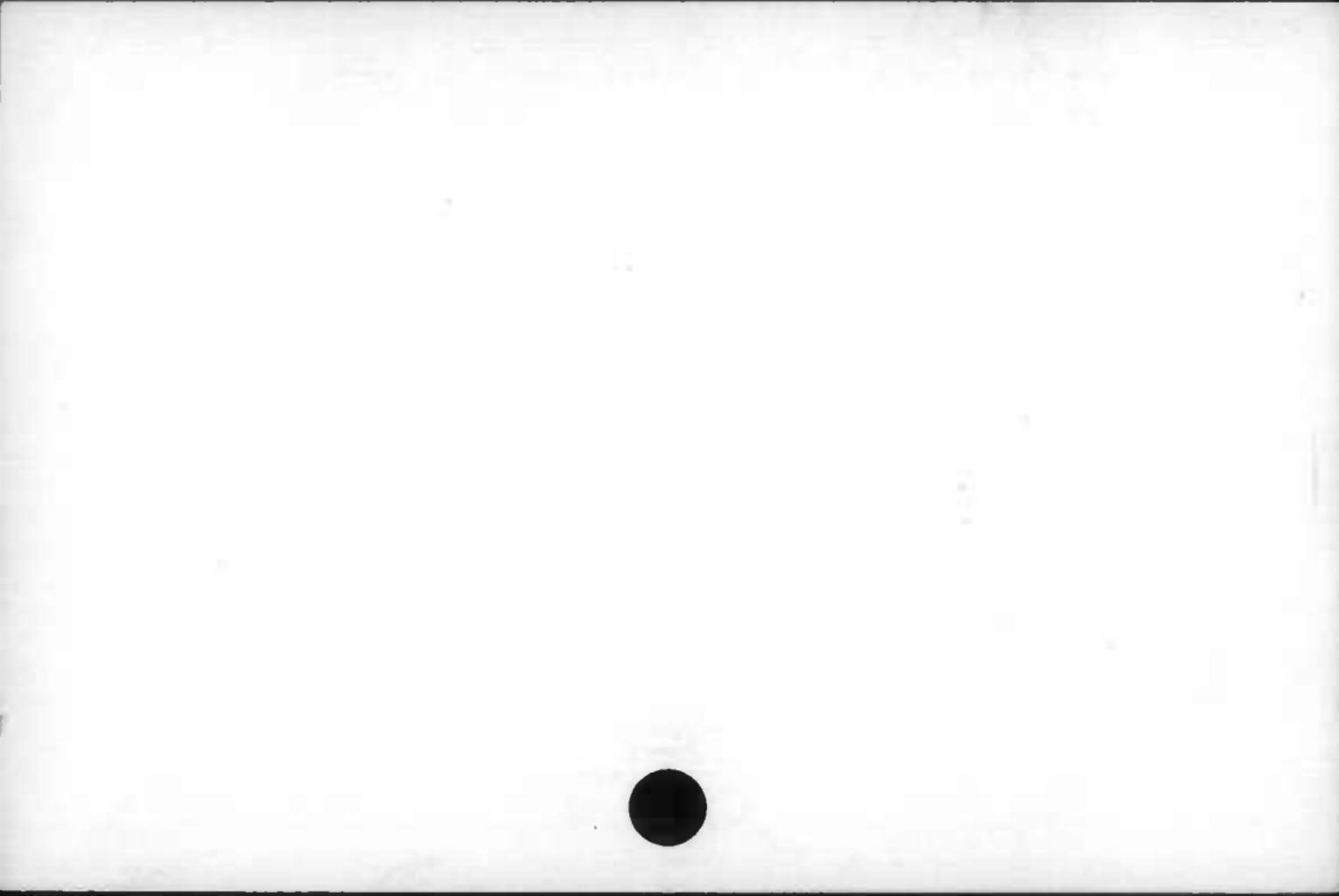
Primary Cause of Death Gastric Carcinoma

Immediate Cause of Death Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

Accident or Suicide



Name  
in  
Full

Minnie Louise Mullendore

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Diad st Gaffland

Town

County

Washington

Daya

Date of death 1909 Month 11

Day 3

Years

Montha

9

Age

Daya

Sex Female

Color or  
Race

White

Birth-  
place

Gaffland

Occupation

Where Residing if not  
et place of deeth

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Harry M. Mullendore

Father'a  
Birthpiece

Mother's  
Meiden Name

Alta M. Steiner

Mother'a  
Birthpiece

Name of person giving  
Information

Harry M. Mullendore

How related  
to deceased

CAUSES OF DEATH

105

Primary

Enteric Cerebris Pneumonia

How long

6 days

Immediate

4

How long

Are the name, age, aex, color, date  
and piece correctly given above?

Yes

Signature of  
Physician

Dr. C. L. Baker,  
Robinsville, Md.

Address

Accident or Suicide

PHYSICIAN  
ON CORONER

Edmonton Lou

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Stillborn child of D. T. & Moya Mulligan CERTIFICATE OF DEATH

Town Kagerstown County Wash. MARYLAND

Died at Date of death 1909 Month 11 Day 18 Age still born Days

Sex Male Color or Race white

Occupation

Where Residing if not  
at place of death

Birth-  
place

md.

Married, Single  
or Widowed single

Name of Wife or  
Husband

Father's  
Name

Daniel T. Mulligan

Father's  
Birthplace

md.

Mother's  
Maiden Name

Mary ada Barger

Mother's  
Birthplace

md.

Name of person giving  
Information

D. T. Mulligan

How related  
to deceased

father.

CAUSES OF DEATH

Primary

Stillborn

How long

Immediate

Y

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

D. T. Mulligan,  
Kagerstown,  
Md.

Accident or Suicide

No

L.M. Suter & Son

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

June M. Nicarney

CERTIFICATE OF DEATH

MARYLAND

Died at Four miles from Williamsport

Town Washington County  
Month Nov. Day 12 Age 83 Years Months Days

Date  
of death

190 9

Month

Day

Years

Months

Days

Age

83

Sex

Female

Color or  
Race

White

Birth-  
place

Middleburg;  
Franklin Co. Pa

Occupation

Housewife

Where Residing if not  
at place of death

Married, Single  
or Widowed

Widowed

Name of Wife or  
Husband

Jacob Nicarney

Father's  
Name

David Nicarney

Father's  
Birthplace

Franklin Co. Pa

Mother's  
Maiden Name

Margaret Beck

Mother's  
Birthplace

Don't know

Name of person giving  
Information

Catharine Neikirk

How related  
to deceased

Daughter

CAUSES OF DEATH

Primary

Brucous pneumonia

92

How long

6 days

Immediate

Heart failure

How long

12 hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

Signature of  
Physician

Address

May A. Laughlin, M.D.  
Hagerstown, Md.

Accident or Suicide

J. H. Miller  
Undertaker  
Williamsport  
Md

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Catharine Q. Junanaker

CERTIFICATE OF DEATH

MARYLAND

Died at Bakersville County Washington

Date of death 1909 Month 12 Day 17 Age 50 Years 9 Months 9 Days

Sex Female

Color or Race

White

Birthplace

Fred. Co. Ind.

Occupation

Homemaker

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's Name

Joseph Junanaker

Father's Birthplace

Adams Co. Pa

Mother's Maiden Name

Catharine Rhodes

Mother's Birthplace

" " "

Name of person giving  
Information

David Junanaker

How related  
to deceased

Brother

CAUSES OF DEATH

Primary

Tuberculosis

27

How long

several years

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

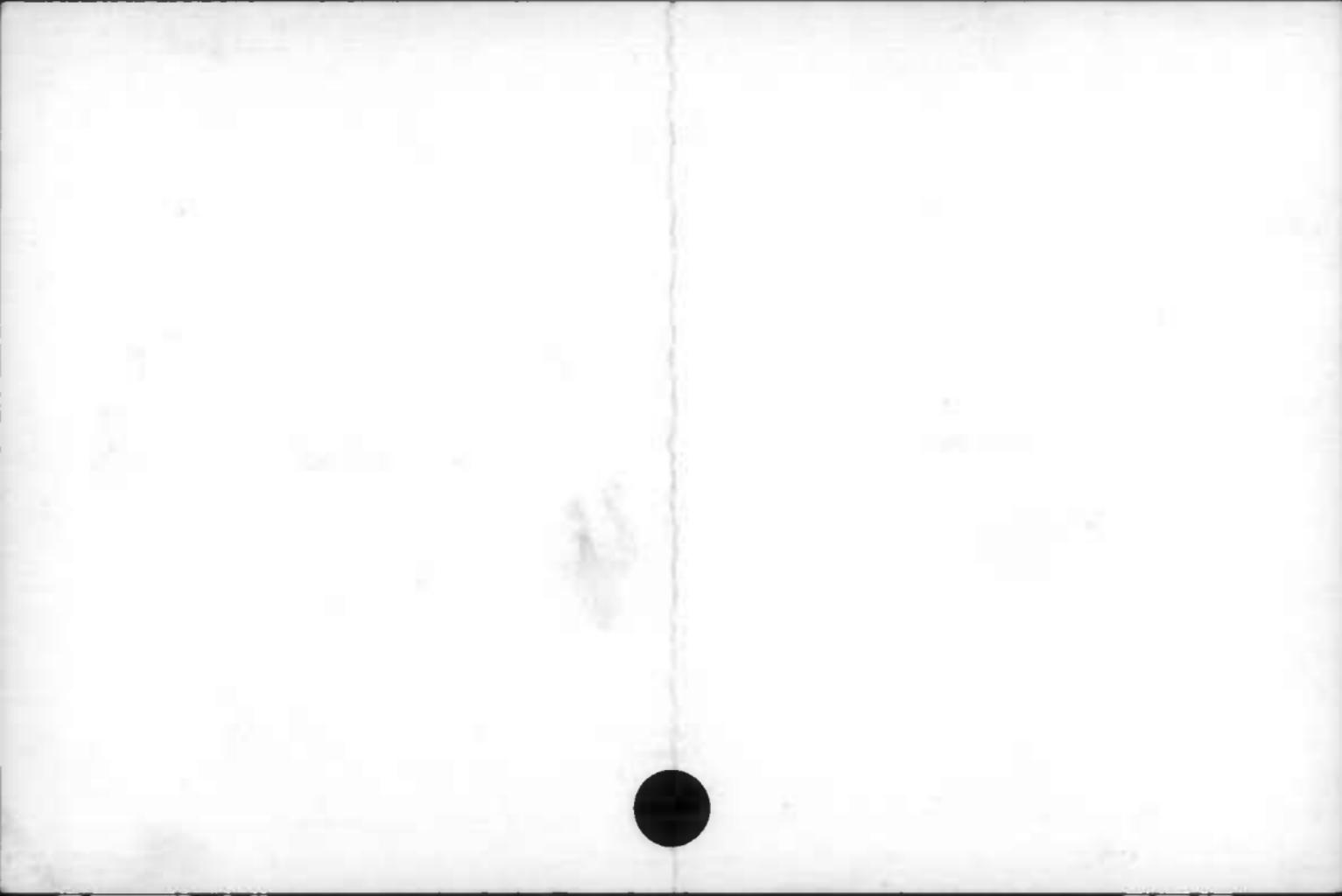
yes

Signature of  
Physician

Address

J. H. Gardner  
Sharpsburg Md

Accident or Suicide



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Jack Fountain Reeder  
Town Died at Hagerstown  
County Washington

MARYLAND

Date of death 1909 Month 11 Day 10 Years 29 Months - Days 29

Sex Male Color or Race White Birth-place Md  
Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Nellie Lougancher

Father's Name Scott K. Reeder Father's Birthplace Md

Mother's Maiden Name Sarah G. Morgan Mother's Birthplace Md

Name of person giving Information Nellie Reeder How related to deceased Wife

CAUSES OF DEATH

Primary Infraction of heel from round 3 weeks

Immediate Septicemia & Pyemia 3 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. Morgan  
Hagerstown, Md

Accident or Suicide

No

Cottage  
Brookwood

A. K. Hoffman

11

Name  
in  
Full

TO BE ANSWERED BY.  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Mary Ellen Binger  
Town Hagerstown  
County Washington

Died at Hagerstown  
Date of death 1909 Month 11 Day 3

Age 73 Years

Months 9 Days 1

Sex Female Color or Race White

Birthplace Md

Occupation Housewife

Where Residing if not  
at place of death

Married, Single or Widowed Widow

Name of Wife or Husband

Benjamin C.

Father's Name

Benjamin C.

Mother's Maiden Name

John I. Brygeman

Brygeman

Name of person giving Information

Susan Lottie

Md

Brygeman

Md

Primary

CAUSES OF DEATH

Heart Disease

79

Immediate

How long

Several years

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of  
Physician

Address

J. W. Scott  
Hagerstown,  
Md

Accident or Suicide

J.M. Matkins

Name  
in  
Full

Leora Rose

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1909	Nov	24	1892	near	28	
Sex	Color or Race	Birthplace				
Female	colored	near Grego, Md.				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Single						
Father's Name	Father's Birthplace					
Thomas Rose	North Carolina					
Mother's Maiden Name	Mother's Birthplace					
Malinda Patterson	near rosesville					
Name of person giving information	How related to deceased					

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary

Pulmonary Tuberculosis

How long

6 months

Immediate

Heart Complications with above

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Richard A Rice M.D.

Address

Kedysville  
Md.

Accident or Suicide?

Chas. S. Wade  
undertaker

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Helen M Rothstein

Town

Died at Hagerstown

County

Washington

MARYLAND

Date of death 1909 Month 11 Day 26

Age 80 Years 2 Months 2 Days 2

Sex Female

Color or  
Race

White

Birth-  
place

Germany

Occupation

Housework

Where Residing if not  
at place of death

Married, Single  
or Widowed

Widow

Name of Wife or  
Husband

Wm Rothstein

Father's  
Name

No Record of

Father's  
Birthplace

Germany

Mother's  
Maiden Name

" "

Mother's  
Birthplace

Germany

Name of person giving  
Information

Augustus Rothstein

How related  
to deceased

Son

CAUSES OF DEATH

43

How long

3 spaces

How long

several months

Primary

Cancer of left, breasts

Immediate

Exhaustion

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Well Garage  
Hagerstown

PHYSICIAN  
OR CORONER

Accident or Suicide

10

coffee  
London Pork Balts  
Mr. Hoffman

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Samuel Harry Ruthrauff

CERTIFICATE OF DEATH

MARYLAND

Died at Williamsport, Washington

Date of death 1909 Nov 6

Age 21

Months 8. 27 Days

Sex male

Color or Race

White

Birth-place

Williamsport, Md.

Occupation

Sabmer

Where Residing if not  
at place of death

Married, Single  
or Widowed

Sinyle

Name of Wife or  
Husband

Father's  
Name

Augusta C Ruthrauff

Father's  
Birthplace

Franklin Co Pa

Mother's  
Maiden Name

Eliza Corby

Mother's  
Birthplace

Williamsport

Name of person giving  
Information

R C Ruthrauff

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Typhoid Fever

1

How long

4 weeks

Immediate

Goxaemia

How long

10 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician  
Address

Miss H. V. Gathen  
Williamsport

Accident or Suicide

Entered in Riverview Cemetery  
November 9<sup>th</sup> 1909. By J. F. Kreps.  
undertaker of  
Williamsport  
Md.

Name  
in  
Full

Mrs. Mary Eller Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Smithburg	Town	Washington	County	MARYLAND	
Date of death	1909	Month	Nov.	Day	3	Years
Age	79	Months	2	Days	6	
Sex	Female	Color or Race	White	Birth-place	Petersville Md.	
Occupation	Housewife	Where Residing if not at place of death				Rev. Edward Smith
Married, Single or Widowed	Married	Name of White or Husband	Rev. Edward Smith	Father's Name	Thomas Winter	
Mother's Maiden Name	Elizabeth Fortney	Mother's Birthplace	Penn.			
Name of person giving Information	Edward S. Lambert	How related to deceased	Daughter			

CAUSES OF DEATH

120

Primary

Chronic Bright's Disease

How long

8 yrs

Immediate

Uremia

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr. McKeown  
Smithburg  
Md.

PHYSICIAN  
ON CORONER

Accident or Suicide



Name  
in  
Full

M. L. Snavely

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Hagerstown County Washington Months -

Date of death 1909 Month Feb. Day 4

Years

Age 29

Months

Days

Sex Male

Color or  
Race

white

Birth-  
place

Md.

Occupation

R.R. Brokeran

Where Residing if not  
at place of death

Hagerstown

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

-

Father's  
Name

Millard Snavely

Father's  
Birthplace

Md

Mother's  
Maiden Name

Annie Leatherman

Mother's  
Birthplace

"

Name of person giving  
Information

Mrs James Reynold

How related  
to deceased

sister

CAUSES OF DEATH

Primary

R. R. Accident

164

How long

Immediate

Neck broken & skull fracture

Instant

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

H. H. Derr M.D.

Hagerstown

Md.

Accident or Suicide

Accident

PHYSICIAN  
OR CORONER

Sharpsburg

C. M. Suter & Son

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Louise M. Snyder

Town

Month

Day

County

MARYLAND

Died at

Hayes town

Washington

Date

of death 1909

Month

11

Day

22

Years

75

Months

-

Days

-

Sex

Female

Color or  
Race

White

Birth-  
place

Pa

Occupation

Domestic

Where Residing if not  
at place of death

Married, Single  
or Widowed

Widow

Name of Wife or  
Husband

John Snyder

Father's  
Name

Jack Sauer

Father's  
Birthplace

Pa

Mother's  
Maiden Name

No Record of

Mother's  
Birthplace

Pa

Name of person giving  
Information

Charles E. Rouse

How related  
to deceased

Daughter

CAUSES OF DEATH

Primary

Labor Pneumonia

93

How long

5-days

Immediate

Subsiccation

How long

quader

Are the name, age, sex, color, date  
and place correctly given above?

yes -

Signature of  
Physician

Address

Dr. W. W. Worthy  
Hayes town

Accident or Suicide

legume  
Shiloh

Mr. Coffman.

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

**Stillborn Spigler**

CERTIFICATE OF DEATH

Died at		Hagerstown		Washington		MARYLAND		
Date of death	1909	Month Nov	Day 14	Age	—	Montha	Days	
Sex	Male	Color or Race	White	Birth- place	Hagerstown			
Occupation	Where Residing if not at place of death							
Married, Single or Widowed	Name of Wife or Husband		George B Spigler					
Father's Name	Pearl & Barr.		Hagerstown					
Mother's Maiden Name	George B Spigler		" Father					
Name of person giving Information	How related to deceased							

CAUSES OF DEATH

Primary

Stillborn

8  
How long

Immediate

—  
How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

W. B. Momoan  
Hagerstown Md

Accident or Suicide

No

Killer Forman

Name  
in  
Full

Donald Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1909	Oct.	9	Age	—	—	
Sex	male	Color or Race	white	Birth-place	\$ Md.	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Earl Thomas	Father's Birthplace	Md			
Mother's Maiden Name	Ada A. Shifler	Mother's Birthplace	Md			
Name of person giving information	Earl Thomas	How related to deceased	Father			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary  
Premature delivery

151

How long

Immediate  
Debility

How long

Are the name, age, sex, color, date and place correctly given above?

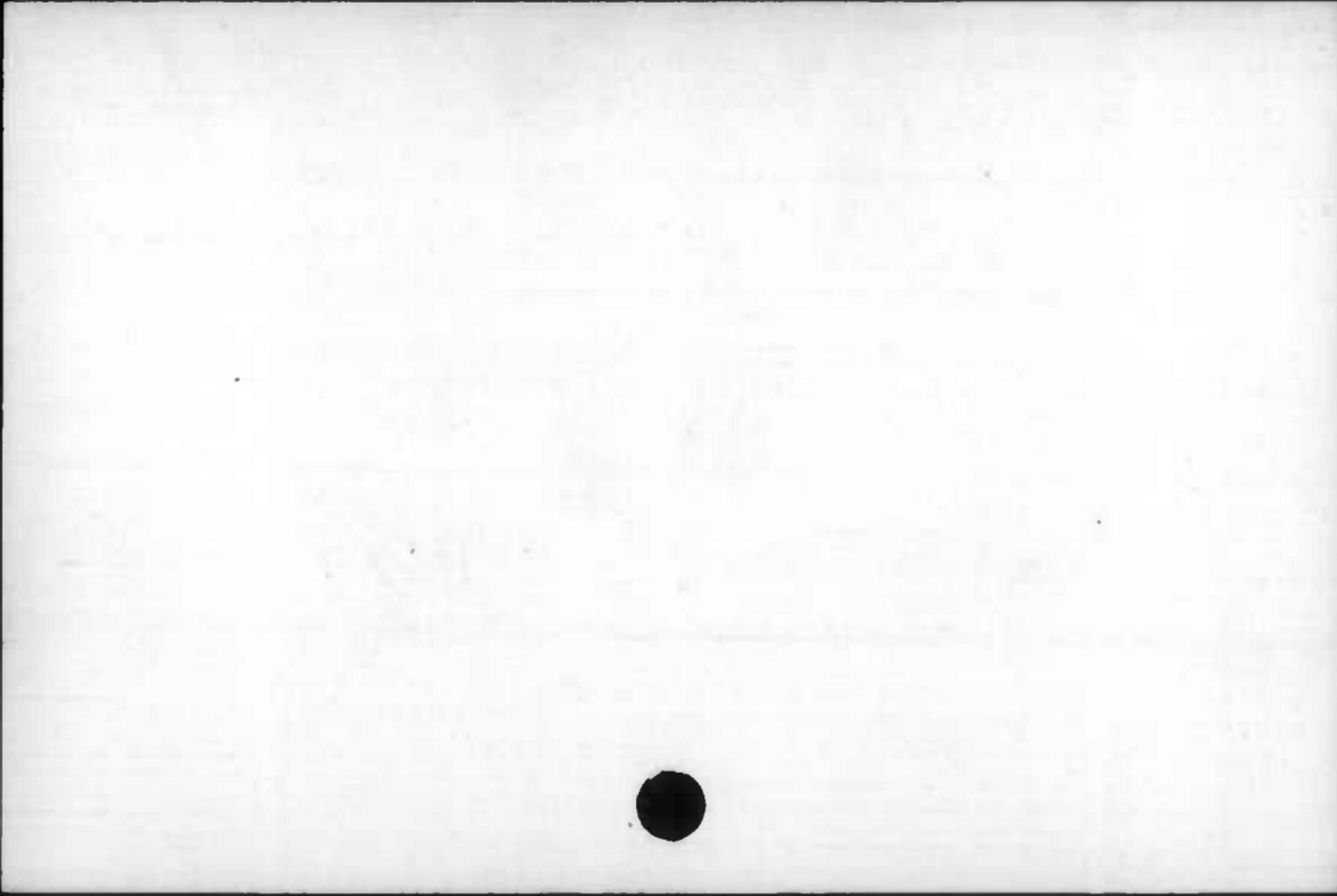
yes

Signature of Physician

Address

b. M. Richard  
Fair Play.

Resident or Suicide?



Name  
in  
Full

James Wilson Walker

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Oregon	County Berkley	WVa MARYLAND	
Date of death	Month Nov	Day 5	Years 18	Months 1	Days 3
Sex	Male	Color or Race white	Birth- place Baltimore		
Occupation R. R. track hand	Where Residing if not at place of death Dandy Hook Md				
Married, Single or Widowed single	Name of Wife or Husband				
Father's Name Eli Walker	Father's Birthplace Illinoio				
Mother's Maiden Name Emma F. Patton	Mother's Birthplace Md				
Name of person giving Information Eli Walker	How related to deceased Father				

CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

Primary Accident	How long
Immediate Run over by train	How long immediat
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician B B Ranson
	Address Harkers Ferry W. Va.
Accident or Suicide?	



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Thomas Welsh

CERTIFICATE OF DEATH

Died at **Sharpsburg** Town **Washington** County **MARYLAND**  
Date of death **1904** Month **Nov.** Day **18** Age **56** Years **6** Months **10** Days  
Sex **Male** Color or Race **White** Birth-place **Maryland**  
Occupation **Laborer** Where Residing if not at place of death

Married, Single or Widowed **Married** Name of Wife or Husband **Fannie Hammond**

Father's Name **Henry Welsh**

Father's Birthplace **Ireland**

Mother's Maiden Name **Mary Henesy**

Mother's Birthplace **Ireland**

Name of person giving Information **Mrs. Otho Poffenberger**

How related to deceased **Sister**

CAUSES OF DEATH

Primary

**Bone Tuberculosis**

**33**

How long

**Several years.**

Immediate

Are the name, age, sex, color, date and place correctly given above?

**Yes.**

Signature of Physician  
Address

**E. H. Garrett,  
Sharpsburg, Md.**

Accident or Suicide



Name  
in  
Full

Edward Love Williamson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Williamsport.</u>		Town <u>Williamsport.</u> County <u>Washington</u>		MARYLAND			
Date of death <u>1909</u>	Month <u>Nov.</u>	Day <u>6</u>	Years <u>37.</u>	Age <u>37.</u>	Months <u>6.</u>	Days <u>16</u>	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Williamsport, Md.</u>					
Occupation <u>Clerk B. &amp; R.R.</u>	Where Residing if not at place of death <u>Brunswick, Md.</u>						
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Louisa Sidenstricker</u>						
Father's Name <u>George. DeEdward Williamson</u>	Father's Birthplace <u>Huntingdon</u>						
Mother's Maiden Name <u>Sally Colpoys Love</u>	Mother's Birthplace <u>Cork, Ireland</u>						
Name of person giving Information <u>S. C. Masters</u>	How related to deceased <u>Mother</u>						

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary Tuberculosis  
Immediate Exhaustion  
Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician

Address

W. Richardson.  
Williamsport, Md.

Accident or Suicide? No.

Interred in Nov 8<sup>th</sup> 1909

Riverview Cemetery by.

J. F. Krebs.

Undertaker

Williamsport. Md

C. F.

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH						
Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1909	11	16	Age	10	4	
Sex	Male	Color or Race	White	Birth-place	Funkstown	
Occupation	farmer	Where Residing if not at place of death			Funkstown	
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	William D. Wolf.		Father's Birthplace			
Mother's Maiden Name	Sadie B. Davis.		Mother's Birthplace			
Name of person giving information	William D. Wolf.		How related to deceased			
CAUSES OF DEATH						
Primary	Broncho Pneumonia			92		
Immediate	Asphyxia & heart-exhaustion			How long 2 days - 1 day.		
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Dr. F. S. Newcomer		
			Address	Funkstown, Md		
Accident or Suicide?						

